ORDER OF ASSEMBLY FOR WARRANT OFFICER APPOINTMENT PACKETS

| NAME/RANK: | UNIT: |
|------------------------------------|--|
| NGB FORM | 39 (FRB – completed by LANG-J1-PO if applicable) |
| | 62E (p1: include branch, current enlisted rank & unit / p2: Civ & Mil Edu / p 3: Active Fed Time/eserve Time & obligation stmt / p 4: have soldier sign top endorsement / p5: completed by O-Branch) |
| | 337 (Soldier needs to complete and sign Sections 1&2; Authorized Official from LAARNG (must out ying for appointment) will need to sign; date needs to be left blank) |
| APPOINTME | NT BONUS DOCUMENTS (if applicable-to verify position eligibility) |
| MSO STATI | MENT OF UNDERSTANDING (For all new Initial Appointment) (IF APPLICABLE) |
| MOS PROP | NENT APPROVAL (WOC) FOR ENTRY INTO WO PROGRAM (IF APPLICABLE) |
| | CONDITIONAL RELEASE (required if a Soldier is transferring from an Army Reserve unit, coup – IRR – including SMP/ROTCs) |
| MILITARY | DUCATION (DA FORM 1059/DIPLOMA for current grade/branch OR WOC graduate documents |
| CIVILIAN E BE ORIGINAL FOR | DUCATION (MUST HAVE <u>AT LEAST</u> HIGH SCHOOL DIPLOMA; IF SUBMITTING COLLEGE TRANSCRIPTS, MUST IDPERS INPUT) |
| SF 2807-1 and | SF 2808 or SF 88 & SF 93 (New appointments – must be w/in 2 years; all others within 5 years |
| Annu | l Medical Certificate (if physical is over 1 year old) |
| DA FORM : | 500 - BODY FAT CONTENT WORKSHEET (IF APPLICABLE) |
| COPY OF S | SN CARD OR STATEMENT (SEE FIG 3-3 NGR 600-101) |
| | H CERTIFICATE OR STATEMENT (SEE FIG 3-2 NGR 600-101; see max age limits, 2-7b NGR aiver requests if applicable) |
| Final cl | ION OF SECURITY CLEARANCE: arance was issued Date Investigation was completed IG 3-5 NGR 600-100 do not make copies of 873 for already granted/final clearances) |
| | ssued for 180 days Date Interim Expires Stmt of Understanding of will need to be submitted if older than 180 days at date of commission) |
| PRIOR SVO | APPT ORDERS and PROMOTION ORDERS for each grade/rank held |
| DD FORM 2 (enlisted and of) | 14/NGB FORM 22/Retirement Points - must have forms to document all prior service time cer) |
| STMT OF U | NDERSTANDING IF UNABLE TO COMPLETE 20 YRS OF SVC FOR RETIRED PAY |
| AWARD OF | DERS AND CITATION (IF APPLICABLE) |
| | IENTS FOR SIDPERS INPUT SGLV 8286 / DD Form 93 DA FORM 3685 SF 1199A |
| OER Inform | tion (will be rated by: Sr. Rater:) |
| POC submitting packet: | POC phone number: |